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PURCHASER CHANGE FORM

GET Account Number

Current Purchaser

Beneficiary

Name:

Social Security Number:

Street Address / Apartment Number:

Post Office Box Number:

City / State / Zip Code:

E-Mail Address:

Telephone Number(s):

New Purchaser Name:

Social Security Number:

Street Address / Apartment Number:

Post Office Box Number:

City/State/Zip Code:

E-Mail Address:

Telephone Number(s):

Reason for Requested Change:

I declare / certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I also relinquish all GET Program Master Agreement rights and responsibilities to the new purchaser.

Previous purchaser's signature:

Date:

Notary Section

State of Washington

County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date _____

Signature _____

(Seal or Stamp)

Title _____

My appointment expires _____

Committee Members

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